### STATE OF NEW HAMPSHIRE

### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

I. Name of Lobbyist(s) George W. Rou	ussos and Li	ndsay E. Nadeau	001 23 2017
II. Name of lobbyist's partnership, firm or co	orporation, if any:		NEW HAMPSHIRE DEPARTMENT OF STATE
Orr & Reno, P.A.			
(Name of partnership, firm or co	rporation)		
45 S. Main St. PO Box 35	50 Concord	NH	03302
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 224-2381 (603)	224-2318	e-mail lnadea	u@orr-reno.com
(Telephone)	(Fax)		
III. This statement covers: (Choose one – file reportable expense transactions which are no	ot attributable to ar	y one client).	
All reportable transactions occurring in the Cigna	months prior to the r	eporting date relative to the	e following client:
(Full Name of Client as it	appears on the Lobbyis	st Registration Form)	
<u>OR</u>	,	,	
<ul> <li>All reportable transactions by the lobbyist (is unrelated to any particular client.</li> </ul>	ncluding the lobbyis	t's family), or the lobbying	firm listed below which are
IV. Date of Report April 26, 2017  Reports cover: activity from date of registration	to 3/31/17 ac	July 26, 2017	
October 25, 2017 A activity from 7/1/17 to 9/30.	/17 a	January 31, 2018 ctivity from 10/1/17 to 12/31/	17
V. There have been no fees received and If this box is checked, complete just this form an Concord, NH 03301.			
VI. Check if additional reports are attached:			
If you have received fees or made expendit		ddendum A- Fees and Ex	penses
☐ If you have paid an honorarium or reimburs Expense Reimbursement	sed expenses, you m	ust file Addendum B– Rep	ort of Honorariums or
☐ If you, your firm, or your family has made	political contribution	s, you must file Addendu	n C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and and complete to the best of my knowledge and		y swear or affirm that the fo	oregoing information is true
Madlin /		10/25/2017	
(Signature of lobbyist)	<del>_</del>	(Date	e)
Lindsay E. Nadeau			
(Print Name of lobbyist)			

## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) George W. Roussos and Lindsay	E. Nade	eau		
II. Name of lobbyist's partnership, firm or corporation, if any:				
Orr & Reno, P.A.				
(Name of partnership, firm or corporation)		,		
III. Name of Client Cigna	Date	10/25/17		
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:  a) Total of all fees received in this reporting period  b) Total of all fees received this calendar year, prior to this reporting period	relations, or oss fee amount a) \$ b) \$	public relations services		
<ul><li>(This should equal the total of all prior monthly reports for this calendar ye</li><li>c) Total of all fees received to date         (Add lines a and b)</li></ul>		30,000.00		
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00		
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.				
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.  b) Total aggregate of expenditures during this reporting period, not reported	a) \$	0.00		
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00		
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00		

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	0.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	100.00
f) Total of all expenses year to date	f) \$	100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from l period, including by whom paid or to whom charged.	obbying fees duri	ng this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foreg	oing information
Madeur	10/25/1	
(Signature of lobbyist)	(Date	)
Lindsay E. Nadeau (Print Name of lobbyist)		
(rim name of loodyist)		

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# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Stater	nent/Aff	ïrma	tion	by L	obbyist
Statem	ent of	Income	and	Expe	nses	for:

Name of Lobbying partnersh	ip, firm, or corpora	ation: Orr & Reno,	P.A.
Name of Client (leave blank particular client): Cigna	if Statement is for	the partnership, firm, or	corporation and not related to any
Date of Report (check one):			
April 26, 2017 □ Jul	y 26, 2017 🛚	October 25, 2017 ⊠	January 31, 2018 □
			d Expenses described above, and imber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that complete to the best of my kr			t and each Addendum is true and
(Signature of lobbyist)			/25/17 (Date)
Lindsay E. Nadeau	1		
(Print Name of lobbyist)	·· <del></del>	- · <del>- ·</del>	